



# **Site Data Field Dictionary Version 3**

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## General Instructions

- This manual is a tool for interpreting data queries that are generated by the AVERT online data tracking system. It is to be used in conjunction with the “Guidelines for Clarification of Data”.
- Remember to complete all questions on the CRF. Please mark data which could not be recorded as follows:
  - In cases where specific information is unknown, line through boxes and record UNKNOWN.
  - In cases where an examination or test has not been done, please record NOT DONE.
- Questions that are not completed will cause the AVERT online box for the relevant patient and visit to turn yellow.
- To resolve data queries using this manual:
  - Log in to AVERT Online and check for any yellow boxes for data recently sent to AVERT Central.
  - Click on the yellow box for the patient’s visit  
*eg. patient 0X001 - Fifty Metre Walk.*
  - The Fifty Metre Walk screen for patient 0X001 will state the missing Field ID  
*eg. Field named ‘PATCODE’ is blank.*
  - Turn to the relevant section of the manual. An index of each section is provided.  
*eg. Fifty Metre Walk section in this manual (page 8)*
  - Look up the Field ID in the right hand column. A CRF page number and a description of the field code will be given  
*eg. PATCODE = page 13 - patient initials*
  - Complete the CRF page according to page number and item  
*eg. Patient initials for patient 0X001 on page 13 of the Fifty Metre Walk CRF.*
  - Fax the updated CRF page to the AVERT Central Fax unless requested by data management to do otherwise.
  - Ensure that the updated copy of the CRF is returned to the patient’s folder.
- Please follow the instructions provided in the CRF and this manual. If you need further clarification, please contact the AVERT Trial Manager.

## Important Numbers and Contacts

| <b>Australia, New Zealand, Singapore, Malaysia, Canada</b>                                |   |
|---|---|
| <b>Data Fax:</b><br>+61 3 9496 2899<br>or scan and email to:<br>datafax@nsri.org.au       | <b>Emergency Randomisation Helpdesk</b><br>+61 3 9496 2862        |
| <b>Central Fax:</b><br>+61 3 9496 2251<br>or scan and email to:<br>centralfax@nsri.org.au | <b>Trial Manager</b><br><b>Fiona Ellery</b><br>Ph +61 3 9035 7042 |

| <b>All UK</b>  |   |
|--|---|
| <b>Data Fax:</b><br>+44 141 330 3315<br>or scan and email to:<br>datafax@nsri.org.au       | <b>Emergency Randomisation Helpdesk</b><br>Heather Moorhead / Susan Rodger<br>Ph +44 141 211 4976   |
| <b>Scotland, Wales and England</b>   |   |
| <b>Central Fax:</b><br>+44 207 149 9978<br>or scan and email to:<br>centralfax@nsri.org.au | <b>Trial Manager</b><br>Rosemary Morrison<br>Ph +44 141 232 0974<br>Rosemary.Morrison@glasgow.ac.uk |
| <b>Northern Ireland</b>  |   |
| <b>Central Fax:</b><br>+44 207 149 9978<br>or scan and email to:<br>centralfax@nsri.org.au | <b>Trial Manager</b><br>Dr Jackie Gracey<br>Ph: +44 28 9036 8284<br>jh.gracey@ulster.ac.uk          |

## Stroke Patient Screening Log

| Field ID                            | Page No | Title                      |
|-------------------------------------|---------|----------------------------|
| <b>Stroke Patient Screening Log</b> |         |                            |
| AGE1                                | N/A     | Age (yrs) 1                |
| AGE2                                | N/A     | Age (yrs) 2                |
| AGE3                                | N/A     | Age (yrs) 3                |
| AGE4                                | N/A     | Age (yrs) 4                |
| AGE5                                | N/A     | Age (yrs) 5                |
| DOSTR1                              | N/A     | Date of Stroke 1           |
| DOSTR2                              | N/A     | Date of Stroke 2           |
| DOSTR3                              | N/A     | Date of Stroke 3           |
| DOSTR4                              | N/A     | Date of Stroke 4           |
| DOSTR5                              | N/A     | Date of Stroke 5           |
| NIHSS1                              | N/A     | NIHSS (estimate) 1         |
| NIHSS2                              | N/A     | NIHSS (estimate) 2         |
| NIHSS3                              | N/A     | NIHSS (estimate) 3         |
| NIHSS4                              | N/A     | NIHSS (estimate) 4         |
| NIHSS5                              | N/A     | NIHSS (estimate) 5         |
| PAGE_NO                             | N/A     | Page Number                |
| PATCODE1                            | N/A     | Patient Initials 1         |
| PATCODE2                            | N/A     | Patient initials 2         |
| PATCODE3                            | N/A     | Patient Initials 3         |
| PATCODE4                            | N/A     | Patient Initials 4         |
| PATCODE5                            | N/A     | Patient Initials 5         |
| REASON1                             | N/A     | Reason for non-enrolment 1 |
| REASON2                             | N/A     | Reason for non-enrolment 2 |
| REASON3                             | N/A     | Reason for non-enrolment 3 |
| REASON4                             | N/A     | Reason for non-enrolment 4 |
| REASON5                             | N/A     | Reason for non-enrolment 5 |
| SEX1                                | N/A     | Gender 1                   |
| SEX2                                | N/A     | Gender 2                   |
| SEX3                                | N/A     | Gender 3                   |
| SEX4                                | N/A     | Gender 4                   |
| SEX5                                | N/A     | Gender 5                   |
| SITE                                | N/A     | Site Number                |
| STRTYPE1                            | N/A     | Type of stroke 1           |
| STRTYPE2                            | N/A     | Type of stroke 2           |
| STRTYPE3                            | N/A     | Type of stroke 3           |
| STRTYPE4                            | N/A     | Type of stroke 4           |
| STRTYPE5                            | N/A     | Type of stroke 5           |

## Screening Day 0

| Field ID               | Page No | Title   |
|------------------------|---------|---|
| <b>Screening Day 0</b> |         |   |
| BASEMRS_NAME           | 3       | First assessment mRS assessed by                        |
| BASERANKIN             | 3       | Modified Rankin Scale at first assessment               |
| CONS_NAME              | 2       | Initials of person obtaining consent                    |
| CONSENT                | 2       | Informed consent obtained                               |
| CORONARY               | 1       | Unstable coronary or other medical condition            |
| DATCONSENT             | 2       | Date of informed consent                                |
| DATSTR                 | 1       | Estimated Date of Stroke                                |
| DATSTRHR               | 1       | Estimated Time of Stroke                                |
| DETER_1HR              | 1       | Deterioration within first hour of admission            |
| DETERIOR               | 1       | Concurrent diagnosis of rapidly deteriorating disease   |
| DOADM                  | 1       | Date of Admission                                       |
| DOADMHR                | 1       | Time of Admission                                       |
| DOB                    | 1       | Date of Birth   |
| ELIGIBLE               | 1       | Are the eligibility criteria satisfied?                 |
| FRACTURE               | 1       | A suspected or confirmed lower limb fracture            |
| HR                     | 1       | Resting heart rate less than 40 and greater than 110bpm |
| IDNO                   | 1       | Patient Study Number                                    |
| INF_CONS               | 1       | Patient/third party provided consent                    |
| MRS_NAME               | 2       | Pre-stroke mRS assessed by                              |
| MRS4OR5                | 1       | Pre-stroke modified Rankin Score 3, 4 or 5              |
| NIH_NAME               | 4       | NIHSS assessed by                                       |
| NIHATA                 | 4       | Limb ataxia   |
| NIHCONSC               | 4       | Level of consciousness                                  |
| NIHDYS                 | 4       | Dysarthria  |
| NIHFAC                 | 4       | Facial paresis  |
| NIHGAZE                | 4       | Best gaze   |
| NIHLANG                | 4       | Best language   |
| NIHLOCC                | 4       | Ask the subject to open and close eyes and make a fist  |
| NIHLOCQ                | 4       | Ask the subject the month and their age                 |
| NIHMLA                 | 4       | Motor function- left arm                                |
| NIHMLL                 | 4       | Motor function- left leg                                |
| NIHMRA                 | 4       | Motor function- right arm                               |
| NIHMRL                 | 4       | Motor function- right leg                               |
| NIHNEG                 | 4       | Extinction and inattention                              |
| NIHSCORE               | 4       | NIHSS total score                                       |
| NIHSENS                | 4       | Sensory   |
| NIHVIS                 | 4       | Visual field testing                                    |
| O2                     | 1       | O2 saturation of LESS than 92%                          |
| OTHTRIAL               | 1       | Recruited to drug or other intervention trial           |

### Screening Day 0

| Field ID     | Page No | Title  |
|--------------|---------|--|
| OVER24HR     | 1       | recruited within 24 hours of onset of symptoms                               |
| OXFORD       | 5       | Oxfordshire classification   |
| PATCODE      | 1       | Patient Initials   |
| PATCODE_2    | 2       | Patient Initials   |
| PATCODE_3    | 3       | Patient Initials   |
| PATCODE_4    | 4       | Patient Initials   |
| PATCODE_5    | 5       | Patient Initials   |
| RANKIN       | 2       | Pre-stroke modified Rankin score   |
| SBP          | 1       | Systolic BP less than 110, or greater than 220 mmHg                          |
| SEX          | 1       | Gender   |
| SIGNATURE    | 2       | Signature  |
| SSSOVER2     | 1       | Consciousness: Minimum- reacts to verbal commands                            |
| STRKDIAG     | 1       | Patient over 18 with first or recurrent stroke                               |
| STROKEUNIT   | 1       | Patient admitted to stroke care unit   |
| TEMP         | 1       | Temperature of GREATER than 38.5 C   |
| TIME_CONSENT | 2       | Time of informed consent   |
| TPA          | 1       | If treated with rt-PA, attending physician forbids mobilisation for 24 hours |

### Baseline Day 0

| Field ID              | Page No | Title  |
|-----------------------|---------|--|
| <b>Baseline Day 0</b> |         |  |
| BALSIT                | 11      | Balanced sitting for 3 minutes                       |
| BRIDGING              | 11      | Bridging from supine                                 |
| CLIN_INF              | 10      | Imaging show acute clinically relevant infarction    |
| COBDES                | 7       | Country of birth                                     |
| CTDAT1                | 10      | Date of CT scan 1                                    |
| CTDAT2                | 10      | Date of CT scan 2                                    |
| CTDAT3                | 10      | Date of CT scan 3                                    |
| CV1_PRES              | 8       | Other cardiovascular condition1 - Still present?     |
| CV2_PRES              | 8       | Other cardiovascular condition2 - Still present?     |
| CV3_PRES              | 8       | Other cardiovascular condition3 - Still present?     |
| DATESCANUSED          | 10      | Date of scan used                                    |
| DOASS                 | 7       | Date of assessment                                   |
| DOASSHR               | 7       | Time of assessment                                   |
| DORAND                | 6       | Date of randomisation                                |
| DORANDHR              | 6       | Time of randomisation                                |
| DYSPHAG               | 10      | Dysphagia present                                    |
| ED                    | 7       | Highest level of education                           |
| EMPSTAT               | 7       | Employment status                                    |
| ETHNICDES             | 7       | Ethnic origin  |
| GAIT                  | 11      | Gait along 10m, with or without aid                  |
| GAITAID               | 9       | Specify gait aid if used                             |
| GI1_PRES              | 8       | Other gastro-intestinal condition 1 - Still present? |
| GI2_PRES              | 8       | Other gastro-intestinal condition 2 - Still present? |
| GI3_PRES              | 8       | Other gastro-intestinal condition 3 - Still present? |
| HAEM                  | 10      | Imaging show haemorrhage                             |
| HAEM_INC              | 10      | Increase in haemorrhage size between scan            |
| HAEM_SIDE             | 10      | Side of haemorrhage                                  |
| HAEM_TRANS            | 10      | Haemorrhagic transformation on CT                    |
| HAEM_TYPE             | 10      | Haemorrhage type                                     |
| HAND                  | 7       | Handedness   |
| HB1_PRES              | 8       | Other Hepato-biliary condition 1 - Still present?    |
| HB2_PRES              | 8       | Other Hepato-biliary condition 2 - Still present?    |
| HB3_PRES              | 8       | Other Hepato-biliary condition 3 - Still present?    |
| HYDROCEPH             | 10      | Hydrocephalus present                                |
| IDNO                  | 6       | Patient Study Number                                 |
| INF_OTH_TXT           | 10      | Infarct type other specify                           |
| INF_TYPE              | 10      | Infarct type   |
| IV_HAEM               | 10      | Intraventricular haemorrhage                         |
| LIVADM                | 7       | Living arrangement at time of admission              |



### Baseline Day 0

| Field ID    | Page No | Title  |
|-------------|---------|--|
| MARSTAT     | 7       | Marital Status   |
| META1_PRES  | 8       | Other Metabolic/Endocrine condition 1 - Still present? |
| META2_PRES  | 8       | Other Metabolic/Endocrine condition 2 - Still present? |
| META3_PRES  | 8       | Other Metabolic/Endocrine condition 3 - Still present? |
| MRDAT1      | 10      | Date of MRI scan 1                                     |
| MRDAT2      | 10      | Date of MRI scan 2                                     |
| MRDAT3      | 10      | Date of MRI scan 3                                     |
| MUS1_PRES   | 9       | Other Musculo-skeletal condition 1 - Still present?    |
| MUS2_PRES   | 9       | Other Musculo-skeletal condition 2 - Still present?    |
| MUS3_PRES   | 9       | Other Musculo-skeletal condition 3 - Still present?    |
| NAME        | 6       | Randomised by  |
| NEGLECT     | 11      | Able/ unable to complete Star Cancellation test        |
| NEGSCORE    | 11      | Score of Star Cancellation test                        |
| NEGSIDE     | 11      | Side most omissions made in Star Cancellation test     |
| NEUR1_PRES  | 8       | Other neurological condition 1 - Still present?        |
| NEUR2_PRES  | 8       | Other neurological condition 2 - Still present?        |
| NEUR3_PRES  | 8       | Other neurological condition 3 - Still present?        |
| OLD_STROKE  | 10      | Old strokes present                                    |
| OTH1_PRES   | 9       | Other medical condition 1 - Still present?             |
| OTH2_PRES   | 9       | Other medical condition 2 - Still present?             |
| OTH3_PRES   | 9       | Other medical condition 3 - Still present?             |
| PATCODE     | 6       | Patient Initials                                       |
| PATCODE2    | 7       | Patient Initials                                       |
| PATCODE3    | 8       | Patient Initials                                       |
| PATCODE4    | 9       | Patient Initials                                       |
| PATCODE5    | 10      | Patient Initials                                       |
| PATCODE6    | 11      | Patient Initials                                       |
| PMAF        | 8       | Atrial fibrillation noted in medical history           |
| PMAFPRES    | 8       | If yes, is atrial fibrillation still present           |
| PMAMP       | 8       | Amputation (lower limb) noted in medical history       |
| PMAMPPRES   | 8       | If yes, is amputation (lower limb) still present       |
| PMANGINA    | 8       | Angina noted in medical history                        |
| PMANGPRES   | 8       | If yes, is angina still present                        |
| PMARTH      | 8       | Arthritis noted in medical history                     |
| PMARTHPRES  | 8       | If yes, is arthritis still present                     |
| PM COPD     | 8       | Emphysema or COPD noted in medical history             |
| PM COPDPRES | 8       | If yes, is emphysema or COPD still present             |
| PMDIAB      | 8       | Diabetes noted in medical history                      |
| PMDIABPRES  | 8       | If yes, is diabetes still present                      |
| PMHCHOL     | 8       | High cholesterol noted in medical history              |

## Baseline Day 0

| Field ID     | Page No | Title   |
|--------------|---------|---|
| PMHCHOLPRES  | 8       | If yes, is high cholesterol still present             |
| PMHYPPRES    | 8       | Hypertension still present                            |
| PMHYPTENS    | 8       | Hypertension noted in medical history                 |
| PMIHD        | 8       | Ischaemic heart disease noted in medical history      |
| PMIHDPRES    | 8       | If yes, is ischaemic heart disease still present      |
| PMJREPPRES   | 8       | If yes, is lower limb joint replacement still present |
| PMJTREP      | 8       | Lower limb joint replacement noted in medical history |
| PMPVD        | 8       | Peripheral vascular disease noted in medical history  |
| PMPVDPRES    | 8       | If yes, is peripheral vascular disease still present  |
| PREV_META    | 8       | Other Metabolic/Endocrine condition - Yes or No       |
| PREMOB       | 9       | Premorbid mobility                                    |
| PREV_CARD    | 8       | Other cardiovascular condition - Yes or No            |
| PREV_GI      | 8       | Other gastro-intestinal condition - Yes or No         |
| PREV_HB      | 8       | Other Hepato-biliary condition - Yes or No            |
| PREV_MUS     | 9       | Other Musculo-skeletal condition - Yes or No          |
| PREV_NEUR    | 8       | Other neurological condition - Yes or No              |
| PREV_OTH     | 9       | Other medical condition - Yes or No                   |
| PREV_PSYCH   | 9       | Other Psychiatric condition - Yes or No               |
| PREV_PUL     | 8       | Other pulmonary condition - Yes or No                 |
| PREV_RENL    | 9       | Other Renal-urinary condition - Yes or No             |
| PREVST       | 9       | Previous stroke                                       |
| PSYCH1_PRES  | 9       | Other Psychiatric condition 1 - Still present?        |
| PSYCH2_PRES  | 9       | Other Psychiatric condition 2 - Still present?        |
| PSYCH3_PRES  | 9       | Other Psychiatric condition 3 - Still present?        |
| PUL1_PRES    | 8       | Other pulmonary condition 1 - Still present?          |
| PUL2_PRES    | 8       | Other pulmonary condition 2 - Still present?          |
| PUL3_PRES    | 8       | Other pulmonary condition 3 - Still present?          |
| REN1_PRES    | 9       | Other Renal-urinary condition 1 - Still present?      |
| REN2_PRES    | 9       | Other Renal-urinary condition 2 - Still present?      |
| REN3_PRES    | 9       | Other Renal-urinary condition 3 - Still present?      |
| SA_HAEM      | 10      | Subarachnoid hemorrhage                               |
| SCANTYPEUSED | 10      | Scan type used  |
| SITSTAND     | 11      | Sit to vertical stand from standardised chair         |
| SITTING      | 11      | Sitting from supine to over the edge of the bed       |
| SMOKSTAT     | 7       | Smoking status at time of stroke                      |
| SOLESION     | 10      | Side of brain lesion                                  |
| SOSYMP       | 10      | Side of symptoms                                      |
| TPA          | 10      | Has the patient received rt-PA for this stroke        |

### Time to First Mobilisation

| Field ID | Page No | Title |
|----------|---------|-------|
|----------|---------|-------|

### Time to First Mobilisation

|             |    |   |
|-------------|----|---|
| DATMOB      | 12 | Date of first mobilisation  |
| IDNO        | 12 | Patient study number  |
| MOB_AE_NUM  | 12 | Specify AE number   |
| MOB_IME_NUM | 12 | Specify IME Number  |
| NAME        | 12 | Form completed by (initials)  |
| PATCODE     | 12 | Patient Initials  |
| TIMEMOBHR   | 12 | Time of first mobilisation  |
| WHO1STMOD   | 12 | Who was the first person to mobilise the patient                      |
| WHYNOT_MOB  | 12 | Primary reason that this patient did not receive a first mobilisation |

**50 Metre Walk**

| Field ID | Page No | Title |
|----------|---------|-------|
|----------|---------|-------|

**50 Metre Walk**

|           |    |                                   |
|-----------|----|-----------------------------------|
| GAITAID   | 13 | Specify gait aid                  |
| IDNO      | 13 | Patient study number              |
| NEVERWALK | 13 | 50m walk not achieved             |
| PATCODE   | 13 | Patient initials                  |
| WHEN50M   | 13 | Date patient was able to walk 50m |
| TRACK     | 13 | Assessor tracking                 |

### End of Intervention

| Field ID | Page No | Title |
|----------|---------|-------|
|----------|---------|-------|

### End of Intervention

|            |    |   |
|------------|----|---|
| AE_CEASE   | 14 | Adverse events (AE) number                    |
| CEASEOTHER | 14 | Specify other reason for ceasing intervention |
| DATCEAS    | 14 | Date intervention ceased                      |
| IDNO       | 14 | Patient study number                          |
| IME_CEASE  | 14 | Important medical events (IME) number         |
| NAME       | 14 | Initials of person completing form            |
| PATCODE    | 14 | Patient initials                              |
| REASONCEAS | 14 | Reason for completing intervention            |
| TIMECEAS   | 14 | Time intervention ceased                      |

### 3 Month

| Field ID | Page No | Title |
|----------|---------|-------|
|----------|---------|-------|

### 3 Month

|            |    |  |
|------------|----|--|
| ASSIS      | 16 | Assistance for interview obtained from               |
| ASSIS_2    | 22 | Assistance for interview obtained from               |
| BARTHEL    | 18 | Barthel index total                                  |
| BATH       | 17 | Bathing score  |
| BLAD       | 18 | Bladder score  |
| BOWL       | 18 | Bowels score   |
| CHAIRAFF   | 19 | Transfer wheelchair to chair towards affected side   |
| CHAIRUNAFF | 19 | Transfer wheelchair to chair towards unaffected side |
| DOASS      | 15 | Date of assessment                                   |
| DRESS      | 16 | Dressing score                                       |
| FEED       | 16 | Feeding score  |
| GROOM      | 16 | Grooming score                                       |
| HOP5TIME   | 19 | Hop on affected leg 5 times                          |
| IDA1       | 20 | Cheerful   |
| IDA10      | 21 | Angry with myself                                    |
| IDA11      | 21 | Laugh and feel amused                                |
| IDA12      | 21 | Feel loss of control                                 |
| IDA13      | 21 | Uncomfortable feeling                                |
| IDA14      | 21 | Thoughts of hurting myself                           |
| IDA15      | 21 | Awake before need to get up                          |
| IDA16      | 21 | People upset me                                      |
| IDA17      | 21 | No anxiety   |
| IDA18      | 21 | Getting annoyed with myself                          |
| IDA2       | 20 | Relax  |
| IDA3       | 20 | Appetite   |
| IDA4       | 20 | I lose my temper                                     |
| IDA5       | 20 | Feel tense   |
| IDA6       | 20 | Feel like harming myself                             |
| IDA7       | 20 | Keep old interests                                   |
| IDA8       | 20 | Patient with other people                            |
| IDA9       | 21 | Scared or panicky                                    |
| IDACOMP    | 20 | Competency to complete IDA                           |
| IDNO       | 15 | Patient study number                                 |
| ILLAIDS    | 22 | Extent relied on medicines and medical aid           |
| ILLDOC     | 22 | Regular treatment from doctor or health professional |
| ILLMEDS    | 22 | Prescription medications                             |
| INDHLP     | 23 | Need help looking after myself                       |
| INDHOM     | 23 | How easily get around home and community             |
| INDTASKS   | 23 | Help with doing household tasks                      |

### 3 Month

| Field ID      | Page No | Title  |
|---------------|---------|--|
| LYINGSIT      | 19      | Lying to sitting on side of bed                      |
| MOB           | 18      | Mobility score                                       |
| MOC12YRS      | 24A     | Years of education (last line on page)               |
| MOCABST_1     | 24A     | MoCA 9: ABSTRACTION. Train and bicycle correct       |
| MOCABST_2     | 24A     | MoCA 9: ABSTRACTION. Watch and ruler correct         |
| MOCACOMP      | 24A     | Reason for not completing MoCA                       |
| MOCATTN_1     | 24A     | MoCA 6: ATTENTION. Numbers in forward order          |
| MOCATTN_2     | 24A     | MoCA 6: ATTENTION. Numbers in backward order         |
| MOCATTN_3     | 24A     | MoCA 6: ATTENTION. Tap for letter A                  |
| MOCATTN_4     | 24A     | MoCA 6: ATTENTION. Subtract 7s                       |
| MOCDELY       | 24A     | MoCA 10: DELAYED RECALL. Recall of words             |
| MOCLANG2_1    | 24A     | MoCA 7-8: LANGUAGE. Repeat sentence one              |
| MOCLANG2_2    | 24A     | MoCA 7-8: LANGUAGE. Repeat sentence two              |
| MOCLANG2_3    | 24A     | MoCA 7-8: LANGUAGE. Words beginning with letter F    |
| MOCNAM_1      | 24A     | MoCA 4: NAMING. Lion                                 |
| MOCNAM_2      | 24A     | MoCA 4: NAMING. Rhinoceros                           |
| MOCNAM_3      | 24A     | MoCA 4: NAMING. Camel                                |
| MOCORIE1      | 24A     | MoCA 11: ORIENTATION. Date and location              |
| MOCVISU_1     | 24A     | MoCA 1-3: VISUOSPATIAL/EXECUTIVE. Trail making       |
| MOCVISU_2     | 24A     | MoCA 1-3: VISUOSPATIAL/EXECUTIVE. Cube               |
| MOCVISU_3A    | 24A     | MoCA 1-3: VISUOSPATIAL/EXECUTIVE. Clock contour      |
| MOCVISU_3B    | 24A     | MoCA 1-3: VISUOSPATIAL/EXECUTIVE. Clock number       |
| MOCVISU_3B_2_ | 24A     | MoCA 1-3: VISUOSPATIAL/EXECUTIVE. Clock hands        |
| MRS_NAME      | 15      | Assessed by  |
| NAME          | 24      | Initials of person completing the form               |
| NIHSS1        | 24A     | NIHSS 1b Orientation: Month and patient age          |
| NIHSS2        | 24A     | NIHSS 9 Language: Picture, name items, read sentence |
| PATCODE       | 15      | Patient initials                                     |
| PATCODE_10    | 24      | Patient initials                                     |
| PATCODE_11    | 24A     | Patient initials                                     |
| PATCODE_2     | 16      | Patient initials                                     |
| PATCODE_3     | 17      | Patient initials                                     |
| PATCODE_4     | 18      | Patient initials                                     |
| PATCODE_5     | 19      | Patient initials                                     |
| PATCODE_6     | 20      | Patient initials                                     |
| PATCODE_7     | 21      | Patient initials                                     |
| PATCODE_8     | 22      | Patient initials                                     |
| PATCODE_9     | 23      | Patient initials                                     |
| PHYSCOMM      | 24      | Communication with others                            |
| PHYSHEAR      | 24      | Hearing  |

**3 Month**

| Field ID    | Page No | Title  |
|-------------|---------|--|
| PHYSVIS     | 24      | Vision   |
| PSYCHFEEL   | 24      | Feel   |
| PSYCHPAIN   | 24      | Pain or discomfort                                 |
| PSYCHSLP    | 24      | Sleep  |
| RANKIN      | 15      | Modified Rankin Scale                              |
| RESP        | 16      | Person responding                                  |
| RESP_2      | 22      | Person responding                                  |
| RMASCORE    | 19      | Rivermead Motor Assessment total score             |
| RUN10M      | 19      | Run 10 metres                                      |
| SITSUP      | 19      | Sitting to standing                                |
| SITUNSUP    | 19      | Sit unsupported                                    |
| SOCFAM      | 23      | Relationships with family                          |
| SOCFRDS     | 23      | Relationships with other people                    |
| SOCHLTH     | 23      | Health and my relationships                        |
| STAIR       | 17      | Stairs score                                       |
| STAIRIND    | 19      | Climb stairs independently                         |
| TOIL        | 17      | Toilet use score                                   |
| TRANS       | 17      | Transfer score                                     |
| WALK10AID   | 19      | Walk 10 metres with any aid                        |
| WALK10NOAID | 19      | Walk 10 metres without an aid                      |
| WALK40M     | 19      | Walk outside 40 metres                             |
| WALK5M      | 19      | Walk 5m then pick up object from floor then return |
| WALKUPDOWN  | 19      | Walk up and down 4 steps                           |



|                      |         | Cost   |
|----------------------|---------|--|
| Field ID             | Page No | Title  |
| <b>Cost</b>          |         |  |
| ACCOMCHG12M          | 27      | Change your place of residence 12 months           |
| ACCOMCHG3M           | 27      | Change your place of residence 3 months            |
| ACCOMDAT1            | 27      | Date of move1                                      |
| ACCOMDAT2            | 27      | Date of move2                                      |
| ACCOMDAT3            | 27      | Date of move3                                      |
| ACCOMDAT4            | 27      | Date of move4                                      |
| ACCOMOVE1            | 27      | Location of move1                                  |
| ACCOMOVE2            | 27      | Location of move2                                  |
| ACCOMOVE3            | 27      | Location of move3                                  |
| ACCOMOVE4            | 27      | Location of move4                                  |
| ADMREHAB             | 26      | Date of admission to inpatient rehabilitation      |
| AIDBATH              | 33      | Bathroom equipment                                 |
| AIDCONT              | 33      | Continence aids                                    |
| AIDEAT               | 33      | Eating aids  |
| AIDKITCH             | 33      | Kitchen aids                                       |
| AIDS12M              | 33      | Supplied aids and equipment @ 12 months            |
| AIDS3M               | 33      | Supplied aids and equipment @ 3 months             |
| AIDSBED              | 33      | Lounge and bedroom equipment                       |
| AIDSGEN              | 33      | General aids                                       |
| AIDSOTHER            | 33      | Other aids/equipment1                              |
| AIDSOTHER2           | 33      | Other aids/equipment2                              |
| AIDWALK              | 33      | Walking aids                                       |
| ALRMDAYS12M          | 33      | Personal alarm, number of days 12 months           |
| ALRMDAYS3M           | 33      | Personal alarm, number of days 3 months            |
| AMBTRANS12M          | 27      | Ambulance transport/ transfer 12 months            |
| AMBTRANS3M           | 27      | Ambulance transport/ transfer 3 months             |
| AMBTRIPS12           | 27      | Count number of ambulance trips 12 months          |
| AMBTRIPS3            | 27      | Count number of ambulance trips 3 months           |
| ASSIS112M            | 25      | Assistance for interview obtained from             |
| ASSIS13M             | 25      | Assistance for interview obtained from             |
| BATHRAILMODSUPPSPEC4 | 32      | Supplier other specify - Shower, bath, toilet rail |
| CATHDAYS12M          | 33      | Catheter, number of days 12 months                 |
| CATHDAYS3M           | 33      | Catheter, number of days 3 months                  |
| COMMPOST1            | 31      | Which service did you receive post stroke1         |
| COMMPOST2            | 31      | Which service did you receive post stroke2         |
| COMMPOST3            | 31      | Which service did you receive post stroke3         |
| COMMPOST4            | 31      | Which service did you receive post stroke4         |
| COMMPOST5            | 31      | Which service did you receive post stroke5         |
| COMMPOST6            | 31      | Which service did you receive post stroke6         |

**Cost**

| Field ID        | Page No | Title  |
|-----------------|---------|--|
| COMMSERV1       | 31      | Which service did you receive prior stroke1      |
| COMMSERV2       | 31      | Which service did you receive prior stroke2      |
| COMMSERV3       | 31      | Which service did you receive prior stroke3      |
| COMMSERV4       | 31      | Which service did you receive prior stroke4      |
| COMMTASK12M     | 36      | Assistance with community tasks at 12 months     |
| COMMTASK3M      | 35      | Assistance with community tasks at 3 months      |
| COMMTASKHRS12M  | 36      | Hours of community tasks at 12 months            |
| COMMTASKHRS3M   | 35      | Hours of community tasks at 3 months             |
| COMPOSTTIM1     | 31      | How many times post stroke?1                     |
| COMPOSTTIM2     | 31      | How many times post stroke?2                     |
| COMPOSTTIM3     | 31      | How many times post stroke?3                     |
| COMPOSTTIM4     | 31      | How many times post stroke?4                     |
| COMPOSTTIM5     | 31      | How many times post stroke?5                     |
| COMPOSTTIM6     | 31      | How many times post stroke?6                     |
| COMPPOST12M     | 31      | Community services since stroke 12 months        |
| COMPPOST3M      | 31      | Community services since stroke 3 months         |
| COMPPOSTHR1     | 31      | How many hours per service post stroke?1         |
| COMPPOSTHR2     | 31      | How many hours per service post stroke?2         |
| COMPPOSTHR3     | 31      | How many hours per service post stroke?3         |
| COMPPOSTHR4     | 31      | How many hours per service post stroke?4         |
| COMPPOSTHR5     | 31      | How many hours per service post stroke?5         |
| COMPPOSTHR6     | 31      | How many hours per service post stroke?6         |
| COMPRIOR        | 31      | Community services prior to stroke               |
| COMPRIORNO1     | 31      | Times in the past year prior stroke1             |
| COMPRIORNO2     | 31      | Times in the past year prior stroke2             |
| COMPRIORNO3     | 31      | Times in the past year prior stroke3             |
| COMPRIORNO4     | 31      | Times in the past year prior stroke4             |
| DCACUTE         | 26      | Date of discharge from acute care                |
| DCACUTEDEST     | 26      | Acute discharge destination                      |
| DCREHAB         | 26      | Date of discharge from inpatient rehabilitation  |
| DCREHABDEST     | 26      | Discharge destination after inpatient rehab      |
| DOASS12M        | 25      | 12 month date of assessment                      |
| DOASS3M         | 25      | 3 month date of assessment                       |
| DOMTASK12M      | 36      | Assistance with domestic tasks at 12 months      |
| DOMTASK3M       | 35      | Assistance with domestic tasks at 3 months       |
| DOMTASKHRS12M   | 36      | Hours of Domestic assistance at 12 months        |
| DOMTASKHRS3M    | 35      | Hours of Domestic assistance at 3 months         |
| DORMODSUPPSPEC7 | 32      | Supplier other specify - Remove door from shower |
| DOSTROKE        | 25      | Patient's stroke date                            |
| FOODDAYS12M     | 33      | Special food (NG/PEG) Days 12 months             |

## Cost

| Field ID        | Page No | Title  |
|-----------------|---------|--|
| FOODDAYS3M      | 33      | Special food (NG/PEG) Days 3 months                    |
| HOMEMODS        | 32      | Type of modification (check boxes)                     |
| HOSP1           | 28      | Hospital Code 1  |
| HOSP12M         | 28      | Hospital or ED admission 12 months                     |
| HOSP2           | 28      | Hospital Code 2  |
| HOSP3           | 28      | Hospital Code 3  |
| HOSP3M          | 28      | Hospital or ED admission 3 months                      |
| HOSP4           | 28      | Hospital Code 4  |
| HOSP5           | 28      | Hospital Code 5  |
| HOSPADM1        | 28      | Hospital Admission Date1                               |
| HOSPADM2        | 28      | Hospital Admission Date2                               |
| HOSPADM3        | 28      | Hospital Admission Date3                               |
| HOSPADM4        | 28      | Hospital Admission Date4                               |
| HOSPADM5        | 28      | Hospital Admission Date5                               |
| HOSPDIS1        | 28      | Hospital Discharge Date1                               |
| HOSPDIS2        | 28      | Hospital Discharge Date2                               |
| HOSPDIS3        | 28      | Hospital Discharge Date3                               |
| HOSPDIS4        | 28      | Hospital Discharge Date4                               |
| HOSPDIS5        | 28      | Hospital Discharge Date5                               |
| IDNO            | 25      | Patient study number                                   |
| INFCARE12M      | 36      | Assistance with daily activity from carer at 12 month  |
| INFCARE3M       | 35      | Assistance with daily activity from a carer at 3 month |
| KITMODSUPPSPEC8 | 32      | Supplier other specify - Kitchen modification          |
| KYLIEDAYS12M    | 33      | Incontinence sheet, number of days 12 months           |
| KYLIEDAYS3M     | 33      | Incontinence sheet, number of days 3 months            |
| LIV12M          | 26      | Residential address at 12 months                       |
| LIV3M           | 26      | Residential address at 3 months                        |
| LIVPRE          | 26      | Pre-stroke residential address                         |
| LIVRESP12M      | 25      | Living arrangement of respondent                       |
| LIVRESP3M       | 25      | Living arrangement of respondent                       |
| MOBAIDS         | 33      | Mobility aids  |
| MOD12M          | 32      | Home modifications at 12 months                        |
| MOD3M           | 32      | Home modifications at 3 months                         |
| MODCOST_ALL     | 32      | Overall cost   |
| MODCOST1        | 32      | Cost to you -rail for steps                            |
| MODCOST2        | 32      | Cost to you -ramps                                     |
| MODCOST3        | 32      | Cost to you -platform steps                            |
| MODCOST4        | 32      | Cost to you -shower, bath, toilet rails                |
| MODCOST5        | 32      | Cost to you -showers modification                      |
| MODCOST6        | 32      | Cost to you -toilet modification                       |

**Cost**

| Field ID          | Page No | Title  |
|-------------------|---------|--|
| MODCOST7          | 32      | Cost to you -remove doors from shower            |
| MODCOST8          | 32      | Cost to you -kitchen modification                |
| MODCOSTOTH1       | 32      | Other Mod cost to you1                           |
| MODCOSTOTH2       | 32      | Other Mod cost to you2                           |
| MODWHO1           | 32      | Who supplied - rail for steps                    |
| MODWHO10          | 32      | Who supplied - other home modification2          |
| MODWHO2           | 32      | Who supplied - ramps                             |
| MODWHO3           | 32      | Who supplied - platform step                     |
| MODWHO4           | 32      | Who supplied - shower, bath, toilet rail         |
| MODWHO5           | 32      | Who supplied - shower modification               |
| MODWHO6           | 32      | Who supplied - toilet modification               |
| MODWHO7           | 32      | Who supplied - remove door from show             |
| MODWHO8           | 32      | Who supplied - kitchen modification              |
| MODWHO9           | 32      | Who supplied - other home modification1          |
| NAME12M           | 25      | Assessor Initials                                |
| NAME3M            | 25      | Assessor Initials                                |
| NOT_DIS_HOSP1     | 28      | Hospital 1. Not discharged @ 12 months           |
| NOT_DIS_HOSP2     | 28      | Hospital 2. Not discharged @ 12 months           |
| NOT_DIS_HOSP3     | 28      | Hospital 3. Not discharged @ 12 months           |
| NOT_DIS_HOSP4     | 28      | Hospital 4. Not discharged @ 12 months           |
| NOT_DIS_HOSP5     | 28      | Hospital 5. Not discharged @ 12 months           |
| NOT_DIS_OP_REHAB1 | 29      | OP rehabilitation1. Not discharged @ 12 months   |
| NOT_DIS_OP_REHAB2 | 29      | OP rehabilitation2. Not discharged @ 12 months   |
| NOT_DIS_OP_REHAB3 | 29      | OP rehabilitation3. Not discharged @ 12 months   |
| NOT_DIS_REHAB1    | 29      | IP rehabilitation1. Not discharged @ 12 months   |
| NOT_DIS_REHAB2    | 29      | IP rehabilitation2. Not discharged @ 12 months   |
| NOT_DIS_REHAB3    | 29      | IP rehabilitation3. Not discharged @ 12 months   |
| NOT_DIS_RITH1     | 30      | Home rehabilitation1. Not discharged @ 12 months |
| NOT_DIS_RITH2     | 30      | Home rehabilitation2. Not discharged @ 12 months |
| NOT_DIS_RITH3     | 30      | Home rehabilitation3. Not discharged @ 12 months |
| NOT_DIS_RITH4     | 30      | Home rehabilitation4. Not discharged @ 12 months |
| NUMTAPHNDL        | 33      | Number of modified tap handles                   |
| OP12M             | 29      | Attending outpatient rehabilitation 12 months    |
| OP3M              | 29      | Attending outpatient rehabilitation 3 months     |
| OPREHAB1          | 29      | Outpatient rehabilitation facility code1         |
| OPREHAB2          | 29      | Outpatient rehabilitation facility code2         |
| OPREHAB3          | 29      | Outpatient rehabilitation facility code3         |
| OPREHABADM1       | 29      | Outpatient rehabilitation1 date admitted         |
| OPREHABADM2       | 29      | Outpatient rehabilitation2 date admitted         |
| OPREHABADM3       | 29      | Outpatient rehabilitation3 date admitted         |

**Cost**

| Field ID         | Page No | Title   |
|------------------|---------|---|
| OPREHABDAYS1     | 29      | Total number of days attended1                    |
| OPREHABDAYS2     | 29      | Total number of days attended2                    |
| OPREHABDAYS3     | 29      | Total number of days attended3                    |
| OPREHABDIS1      | 29      | Outpatient rehabilitation1 date discharged        |
| OPREHABDIS2      | 29      | Outpatient rehabilitation2 date discharged        |
| OPREHABDIS3      | 29      | Outpatient rehabilitation3 date discharged        |
| OP_VISITSUK12M   | 30      | Outpatient visits 3 - 12 months                   |
| OP_VISITSUK3M    | 30      | Outpatient visits 3 months                        |
| OTHCSPOSTSPEC    | 31      | Other, specify                                    |
| OTHCSPRIORSPEC   | 31      | Other, specify                                    |
| OTHMOD1          | 32      | Other modification type 1                         |
| OTHMOD2          | 32      | Other modification type 2                         |
| OTHMODSUPPSPEC10 | 32      | Other mod type2 – supplier other specify          |
| OTHMODSUPPSPEC9  | 32      | Other mod type1 – supplier other specify          |
| PADSDAYS12M      | 33      | Incontinence pads, number of days 12 months       |
| PADSDAYS3M       | 33      | Incontinence pads, number of days 3 months        |
| PATCODE          | 25      | Patient initials                                  |
| PATCODE_10       | 33      | Patient initials                                  |
| PATCODE_11       | 34      | Patient initials                                  |
| PATCODE_12       | 35      | Patient initials                                  |
| PATCODE_13       | 36      | Patient initials                                  |
| PATCODE_2        | 26      | Patient initials                                  |
| PATCODE_3        | 27      | Patient initials                                  |
| PATCODE_4        | 28      | Patient initials                                  |
| PATCODE_5        | 29      | Patient initials                                  |
| PATCODE_7        | 30      | Patient initials                                  |
| PATCODE_8        | 31      | Patient initials                                  |
| PATCODE_9        | 32      | Patient initials                                  |
| PCTASK12M        | 36      | Personal Care tasks 12 months                     |
| PCTASK3M         | 35      | Personal Care tasks at 3 months                   |
| PCTASKHRS12M     | 36      | Hours of personal care 12 months                  |
| PCTASKHRS3M      | 35      | Hours of personal care tasks at 3 months          |
| PHYSIO12M        | 34      | Private physiotherapy sessions at 12 months       |
| PHYSIO3M         | 34      | Private physiotherapy sessions at 3 months        |
| PLATMODSUPPSPEC3 | 32      | Supplier other specify – Platform                 |
| PTSESS12M        | 34      | Number of private physiotherapy sessions 12       |
| PTSESS3M         | 34      | Number of private physiotherapy sessions 3 months |
| RAILMODSUPPSPEC1 | 32      | Supplier other specify – Rails for steps          |
| RAMPMODSUPPSPEC2 | 32      | Supplier other specify – Ramps                    |
| REHAB1           | 29      | Inpatient rehabilitation code1                    |

## Cost

| Field ID        | Page No | Title   |
|-----------------|---------|---|
| REHAB12M        | 29      | Admission to (IP) rehabilitation hospital 12 months |
| REHAB2          | 29      | Inpatient rehabilitation code2                      |
| REHAB3          | 29      | Inpatient rehabilitation code3                      |
| REHAB3M         | 29      | Admission to (IP) rehabilitation hospital 3 months  |
| REHABADM1       | 29      | Inpatient rehabilitation1 date admitted             |
| REHABADM2       | 29      | Inpatient rehabilitation2 date admitted             |
| REHABADM3       | 29      | Inpatient rehabilitation3 date admitted             |
| REHABDIS1       | 29      | Inpatient rehabilitation1 date discharged           |
| REHABDIS2       | 29      | Inpatient rehabilitation2 date discharged           |
| REHABDIS3       | 29      | Inpatient rehabilitation3 date discharged           |
| RESP12M         | 25      | Person responding                                   |
| RESP3M          | 25      | Person responding                                   |
| RESPDAYS12M     | 34      | Number of respite days at 12 months                 |
| RESPDAYS3M      | 34      | Number of respite days at 3 months                  |
| RESPITE12M      | 34      | Respite bed at 12 months                            |
| RESPITE3M       | 34      | Respite bed at 3 months                             |
| RITH12M         | 30      | Home rehabilitation program 12 months               |
| RITH3M          | 30      | Home rehabilitation 3 months                        |
| RITHCODE1       | 30      | Home rehabilitation service code1                   |
| RITHCODE2       | 30      | Home rehabilitation service code2                   |
| RITHCODE3       | 30      | Home rehabilitation service code3                   |
| RITHCODE4       | 30      | Home rehabilitation service code4                   |
| RITHDAYS1       | 30      | Total number of sessions1                           |
| RITHDAYS2       | 30      | Total number of sessions2                           |
| RITHDAYS3       | 30      | Total number of sessions3                           |
| RITHDAYS4       | 30      | Total number of sessions4                           |
| RITHEND1        | 30      | Home rehabilitation1 date ceased                    |
| RITHEND2        | 30      | Home rehabilitation2 date ceased                    |
| RITHEND3        | 30      | Home rehabilitation3 date ceased                    |
| RITHEND4        | 30      | Home rehabilitation4 date ceased                    |
| RITHSTR1        | 30      | Home rehabilitation1 date start                     |
| RITHSTR2        | 30      | Home rehabilitation2 date start                     |
| RITHSTR3        | 30      | Home rehabilitation3 date start                     |
| RITHSTR4        | 30      | Home rehabilitation4 date start                     |
| SHWMODSUPPSPEC5 | 32      | Supplier other specify – Shower modification        |
| THERAPYSESSUK1  | 30      | Number of therapy sessions 1                        |
| THERAPYSESSUK2  | 30      | Number of therapy sessions 2                        |
| THERAPYSESSUK3  | 30      | Number of therapy sessions 3                        |
| THERAPYSESSUK4  | 30      | Number of therapy sessions 4                        |
| THERAPYUK1      | 30      | Which therapy1 (code 1, 2 or 3)                     |

**Cost**

| Field ID         | Page No | Title   |
|------------------|---------|---|
| THERAPYUK2       | 30      | Which therapy2 (code 1, 2 or 3)                     |
| THERAPYUK3       | 30      | Which therapy3 (code 1, 2 or 3)                     |
| THERAPYUK4       | 30      | Which therapy4 (code 1, 2 or 3)                     |
| TOILMODSUPPSPEC6 | 32      | Supplier other specify - Toilet modification        |
| TOTAL_AIDS_1     | 32      | Brief of aids included in the overall cost1         |
| TOTAL_AIDS_2     | 32      | Brief of aids included in the overall cost2         |
| WORKPOST12M      | 34      | Return to work post stroke 12 months                |
| WORKPOST3M       | 34      | Return to work post stroke 3 months                 |
| WORKPOSTCHG12M   | 34      | Normal or decreased hrs of work 12 mths             |
| WORKPOSTCHG3M    | 34      | Normal or decreased hrs of work 3 mths              |
| WORKPOSTTHR12M   | 34      | Post stroke average number hrs of work at 12 mths   |
| WORKPOSTTHR3M    | 34      | Post stroke average number of hrs of work at 3 mths |
| WORKPRIOR        | 34      | Work prior to stroke?                               |
| WORKPRIORHR      | 34      | Hours of work prior to stroke                       |
| WORKPRIORNAT     | 34      | Nature of prior stroke work - full or part time     |

### 3 Month Blinded Assessor Group Allocation

| Field ID | Page No | Title |
|----------|---------|-------|
|----------|---------|-------|

### 3 Month Blinded Assessor Group Allocation

|           |     |                           |
|-----------|-----|---------------------------|
| ASSR_NAME | 36A | Assessor Initials         |
| GRP_GUESS | 36A | Randomisation group guess |
| IDNO      | 36A | Patient study number      |
| PATCODE   | 36A | Patient Initials          |



## 12 Month

| Field ID        | Page No | Title  |
|-----------------|---------|--|
| <b>12 Month</b> |         |  |
| ASSIS           | 38      | Assistance for interview obtained from               |
| ASSIS_2         | 44      | Assistance for interview obtained from               |
| BARTHEL         | 40      | Barthel index total                                  |
| BATH            | 39      | Bathing score  |
| BLAD            | 40      | Bladder score  |
| BOWL            | 40      | Bowels score   |
| CHAIRAFF        | 41      | Transfer wheelchair to chair towards affected side   |
| CHAIRUNAFF      | 41      | Transfer wheelchair to chair towards unaffected side |
| DOASS           | 37      | Date of assessment                                   |
| DRESS           | 38      | Dressing score                                       |
| FEED            | 38      | Feeding score  |
| GROOM           | 38      | Grooming score                                       |
| HOP5TIME        | 41      | Hop on affected leg 5 times                          |
| IDA1            | 42      | Cheerful   |
| IDA10           | 43      | Angry with myself                                    |
| IDA11           | 43      | Laugh and feel amused                                |
| IDA12           | 43      | Feel loss of control                                 |
| IDA13           | 43      | Uncomfortable feeling                                |
| IDA14           | 43      | Thoughts of hurting myself                           |
| IDA15           | 43      | Awake before need to get up                          |
| IDA16           | 43      | People upset me                                      |
| IDA17           | 43      | No anxiety   |
| IDA18           | 43      | Getting annoyed with myself                          |
| IDA2            | 42      | Relax  |
| IDA3            | 42      | Appetite   |
| IDA4            | 42      | I lose my temper                                     |
| IDA5            | 42      | Feel tense   |
| IDA6            | 42      | Feel like harming myself                             |
| IDA7            | 42      | Keep old interests                                   |
| IDA8            | 42      | Patient with other people                            |
| IDA9            | 43      | Scared or panicky                                    |
| IDACOMP         | 42      | Competency to complete IDA                           |
| IDNO            | 37      | Patient study number                                 |
| ILLAIDS         | 44      | Extent relied on medicines and medical aid           |
| ILLDOC          | 44      | Regular treatment from doctor or health professional |
| ILLMEDS         | 44      | Prescription medications                             |
| INDHLP          | 45      | Need help looking after myself                       |
| INDHOM          | 45      | How easily get around home and community             |
| INDTASKS        | 45      | Help with doing household tasks                      |

## 12 Month

| Field ID    | Page No | Title  |
|-------------|---------|--|
| LYINGSIT    | 41      | Lying to sitting on side of bed                    |
| MOB         | 40      | Mobility score                                     |
| MRS_NAME    | 37      | Assessed by  |
| NAME        | 46      | Initials of person completing the form             |
| PATCODE     | 37      | Patient initials                                   |
| PATCODE_10  | 46      | Patient initials                                   |
| PATCODE_2   | 38      | Patient initials                                   |
| PATCODE_3   | 39      | Patient initials                                   |
| PATCODE_4   | 40      | Patient initials                                   |
| PATCODE_5   | 41      | Patient initials                                   |
| PATCODE_6   | 42      | Patient initials                                   |
| PATCODE_7   | 43      | Patient initials                                   |
| PATCODE_8   | 44      | Patient initials                                   |
| PATCODE_9   | 45      | Patient initials                                   |
| PHYSCOMM    | 46      | Communication with others                          |
| PHYSHEAR    | 46      | Hearing  |
| PHYSVIS     | 46      | Vision   |
| PSYCHFEEL   | 46      | Feel   |
| PSYCHPAIN   | 46      | Pain or discomfort                                 |
| PSYCHSLP    | 46      | Sleep  |
| RANKIN      | 37      | Modified Rankin Scale                              |
| RESP        | 38      | Person responding                                  |
| RESP_2      | 44      | Person responding                                  |
| RMASCORE    | 41      | Rivermead Motor Assessment total score             |
| RUN10M      | 41      | Run 10 metres                                      |
| SITUNSUP    | 41      | Sit unsupported                                    |
| SITSUP      | 41      | Sitting to standing                                |
| SOCFAM      | 45      | Relationships with family                          |
| SOCFRDS     | 45      | Relationships with other people                    |
| SOCHLTH     | 45      | Health and my relationships                        |
| STAIR       | 39      | Stairs score                                       |
| STAIRIND    | 41      | Climb stairs independently                         |
| TOIL        | 39      | Toilet use score                                   |
| TRANS       | 39      | Transfer score                                     |
| WALK10AID   | 41      | Walk 10 metres with any aid                        |
| WALK10NOAID | 41      | Walk 10 metres without an aid                      |
| WALK40M     | 41      | Walk outside 40 metres                             |
| WALK5M      | 41      | Walk 5m then pick up object from floor then return |
| WALKUPDOWN  | 41      | Walk up and down 4 steps                           |

### Adverse Event (AE)

| Field ID                  | Page No | Title   |
|---------------------------|---------|---|
| <b>Adverse Event (AE)</b> |         |   |
| AENUM1                    | 49      | AE Number 1                                   |
| AENUM2                    | 49      | AE Number 2                                   |
| AENUM3                    | 49      | AE Number 3                                   |
| AENUM4                    | 49      | AE Number 4                                   |
| IDNO                      | 49      | Patient study number                          |
| NO_AE                     | 49      | If the patient has had no adverse events      |
| ONGOING1                  | 49      | Ongoing 1                                     |
| ONGOING2                  | 49      | Ongoing 2                                     |
| ONGOING3                  | 49      | Ongoing 3                                     |
| ONGOING4                  | 49      | Ongoing 4                                     |
| OUTCOM1                   | 49      | Outcome 1                                     |
| OUTCOM2                   | 49      | Outcome 2                                     |
| OUTCOM3                   | 49      | Outcome 3                                     |
| OUTCOM4                   | 49      | Outcome 4                                     |
| PAGE                      | 49      | Page numbering (A, B etc) if more than one AE |
| PATCODE                   | 49      | Patient initials                              |
| REL_TRT1                  | 49      | Relationship to treatment 1                   |
| REL_TRT2                  | 49      | Relationship to treatment 2                   |
| REL_TRT3                  | 49      | Relationship to treatment 3                   |
| REL_TRT4                  | 49      | Relationship to treatment 4                   |
| SAE1                      | 49      | Is the event a SAE 1?                         |
| SAE2                      | 49      | Is the event a SAE 2?                         |
| SAE3                      | 49      | Is the event a SAE 3?                         |
| SAE4                      | 49      | Is the event a SAE 4?                         |
| SEV1                      | 49      | Severity 1                                    |
| SEV2                      | 49      | Severity 2                                    |
| SEV3                      | 49      | Severity 3                                    |
| SEV4                      | 49      | Severity 4                                    |
| STARTDAT1                 | 49      | Start Date 1                                  |
| STARTDAT2                 | 49      | Start Date 2                                  |
| STARTDAT3                 | 49      | Start Date 3                                  |
| STARTDAT4                 | 49      | Start Date 4                                  |
| STOPDAT1                  | 49      | Stop Date 1                                   |
| STOPDAT2                  | 49      | Stop Date 2                                   |
| STOPDAT3                  | 49      | Stop Date 3                                   |
| STOPDAT4                  | 49      | Stop Date 4                                   |

### Important Medical Event (IME)

| Field ID                             | Page No | Title  |
|--------------------------------------|---------|--|
| <b>Important Medical Event (IME)</b> |         |  |
| IDNO                                 | 50      | Patient study number                               |
| IMENUM1                              | 50      | IME Number 1                                       |
| IMENUM2                              | 50      | IME Number 2                                       |
| IMENUM3                              | 50      | IME Number 3                                       |
| IMENUM4                              | 50      | IME Number 4                                       |
| IMETYPE1                             | 50      | IME Type 1   |
| IMETYPE2                             | 50      | IME Type 2   |
| IMETYPE3                             | 50      | IME Type 3   |
| IMETYPE4                             | 50      | IME Type 4   |
| NO_AE                                | 50      | If the patient has had no adverse events           |
| ONGOING1                             | 50      | Ongoing 1  |
| ONGOING2                             | 50      | Ongoing 2  |
| ONGOING3                             | 50      | Ongoing 3  |
| ONGOING4                             | 50      | Ongoing 4  |
| OUTCOM1                              | 50      | Outcome 1  |
| OUTCOM2                              | 50      | Outcome 2  |
| OUTCOM3                              | 50      | Outcome 3  |
| OUTCOM4                              | 50      | Outcome 4  |
| PAGE                                 | 50      | Page numbering (A, B etc) if more than one AE page |
| PATCODE                              | 50      | Patient initials                                   |
| REL_TRT1                             | 50      | Relationship to treatment 1                        |
| REL_TRT2                             | 50      | Relationship to treatment 2                        |
| REL_TRT3                             | 50      | Relationship to treatment 3                        |
| REL_TRT4                             | 50      | Relationship to treatment 4                        |
| SAE1                                 | 50      | Is the event a SAE 1?                              |
| SAE2                                 | 50      | Is the event a SAE 2?                              |
| SAE3                                 | 50      | Is the event a SAE 3?                              |
| SAE4                                 | 50      | Is the event a SAE 4?                              |
| SEV1                                 | 50      | Severity 1   |
| SEV2                                 | 50      | Severity 2   |
| SEV3                                 | 50      | Severity 3   |
| SEV4                                 | 50      | Severity 4   |
| STARTDAT1                            | 50      | Start Date 1                                       |
| STARTDAT2                            | 50      | Start Date 2                                       |
| STARTDAT3                            | 50      | Start Date 3                                       |
| STARTDAT4                            | 50      | Start Date 4                                       |
| STOPDAT1                             | 50      | Stop Date 1  |
| STOPDAT2                             | 50      | Stop Date 2  |
| STOPDAT3                             | 50      | Stop Date 3  |
| STOPDAT4                             | 50      | Stop Date 4  |

### Serious Adverse Event (SAE)

| Field ID | Page No | Title |
|----------|---------|-------|
|----------|---------|-------|

### Serious Adverse Event (SAE)

|               |    |   |
|---------------|----|---|
| AE_NUM        | 52 | AE number   |
| AE_NUM2       | 52 | AE number   |
| AE_NUM3       | 53 | AE number   |
| AE_SER        | 52 | This AE is serious because it:                      |
| AEAWAREDAT    | 52 | When did you become aware of the event? DATE        |
| AEEXPECT      | 52 | Was this serious adverse event unexpected?          |
| ASSNAME       | 53 | Assessor's initials                                 |
| ATTACH        | 51 | Attach the following documents                      |
| AVERT_STRKDAT | 52 | Date of patient's first stroke in AVERT study       |
| AWAREHR       | 52 | When did you become aware of the event? TIME        |
| DESDATE       | 53 | Date  |
| DISDAT        | 52 | Discharge Date                                      |
| DOADM         | 52 | Admission Date                                      |
| IDNO          | 51 | Patient study number                                |
| IME_NUM       | 51 | IME number  |
| IME_NUM2      | 52 | IME number  |
| IME_NUM3      | 53 | IME number  |
| PATCODE       | 51 | Patient initials                                    |
| PATCODE2      | 52 | Patient Initials                                    |
| PATCODE3      | 53 | Patient Initials                                    |
| REPORTNUM     | 51 | If follow-up report, give report number             |
| REPORTTYPE    | 51 | Initial report or follow-up report                  |
| SERSDAT       | 52 | When did the AE meet the criteria for serious? DATE |
| SERSHR        | 52 | When did the AE meet the criteria for serious? TIME |

## Death

| Field ID | Page No | Title |
|----------|---------|-------|
|----------|---------|-------|

## Death

|                 |    |                                       |
|-----------------|----|---------------------------------------|
| AUTOPSY         | 47 | Autopsy performed                     |
| CAUSEDEATH      | 47 | Cause of Death                        |
| CAUSEDEATHCERT1 | 47 | Cause of death on death certificate 1 |
| CAUSEDEATHCERT2 | 47 | Cause of death on death certificate 2 |
| CAUSEDEATHCERT3 | 47 | Cause of death on death certificate 3 |
| CAUSEDEATHCERT4 | 47 | Cause of death on death certificate 4 |
| CAUSEDEATHSPEC  | 47 | Cause of death other specify          |
| DATCOMP         | 47 | Date form completed                   |
| DATDEATH        | 47 | Date of death                         |
| DEATHCERTSEEN   | 47 | Death certification obtained/seen     |
| IDNO            | 47 | Patient study number                  |
| INFOBT          | 47 | How information obtained              |
| LIVPRE          | 47 | Location at time of death             |
| PATCODE         | 47 | Patient initials                      |
| SOURCE          | 47 | Main source of information            |

### Patient Dropout

| Field ID | Page No | Title |
|----------|---------|-------|
|----------|---------|-------|

### Patient Dropout

|            |    |                      |
|------------|----|----------------------|
| COMMENT    | 48 | Please comment       |
| DATDROP    | 48 | Date of dropout      |
| IDNO       | 48 | Patient study number |
| PATCODE    | 48 | Patient initials     |
| REASONDROP | 48 | Reason               |

**Staff Injury**

| Field ID | Page No | Title |
|----------|---------|-------|
|----------|---------|-------|

**Staff Injury**

|          |    |   |
|----------|----|---|
| AREAOTH  | 54 | Body region injured other specify         |
| BODYAREA | 54 | Body region injured                       |
| DATE     | 54 | Date of injury                            |
| EQUIP    | 54 | Mobilising equipment in use?              |
| EQUIPOTH | 54 | Mobilising equipment in use other specify |
| IDNO     | 54 | Patient study number                      |
| INJURY   | 54 | Was there a staff injury?                 |
| PATCODE  | 54 | Patient initials                          |
| SEV      | 54 | Staff injury severity                     |
| STARTDAT | 54 | Date work ceased                          |
| STOPDAT  | 54 | Date returned to work                     |
| WHOINJ   | 54 | Staff member injured                      |
| WORKCEAS | 54 | Injury result in days off work            |



### Protocol Deviation

| Field ID | Page No | Title |
|----------|---------|-------|
|----------|---------|-------|

### Protocol Deviation

|               |    |   |
|---------------|----|---|
| ASSNAME       | 55 | Assessor's initials                                 |
| DATE          | 55 | Date form completion                                |
| DEVIATION_NUM | 55 | Protocol deviation number                           |
| DEVIATION_YES | 55 | Are there any protocol deviations for this patient? |
| DEV_REASON    | 55 | Reason for protocol deviation                       |
| IDNO          | 55 | Patient study number                                |
| PATCODE       | 55 | Patient initials                                    |
| TIME          | 55 | Time of form completion                             |